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Bib Data Sheet

CONFIRMATION NO. 9666

| SERIAL NUMBER  | FILING OR 371(c)<br>DATE  | CLASS                          | GROUP ART UNIT   | ATTORNEY<br>DOCKET NO. |                            |
|--|---|--------------------------------|--|------------------------|----------------------------|
| 10/679,200   | 10/03/2003  | 425                            | 1722   | 2309.2003-001          |                            |
| <b>APPLICANTS</b><br>Heinrich Dohmann, Hoexter, GERMANY;<br>Stefan Wickenkamp, Bad Oeynhausen, GERMANY;  |   |                                |  |                        |                            |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/364,308 02/10/2003 ABN <i>DB</i>  |   |                                |  |                        |                            |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY DE 102 05 843.1 02/13/2002   |   |                                |  |                        |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/30/2003</b>   |   |                                |  |                        |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and <i>Do. Bodawala</i><br>Acknowledged Examiner's Signature Initials <i>DB</i> |   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>2   | TOTAL<br>CLAIMS<br>21  | INDEPENDENT<br>CLAIMS<br>4 |
| <b>ADDRESS</b><br>21005  |   |                                |  |                        |                            |
| <b>TITLE</b><br>Double-webbed mandrel  |   |                                |  |                        |                            |
| <b>FILING FEE<br/>         RECEIVED</b><br>1004  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                            |